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CONFIRMATION NO. 3867

SERIAL NUMBER 10/740,695	FILING DATE 12/18/2003 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. P214485
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/434,606 12/18/2002 ✓ VPS

** FOREIGN APPLICATIONS *****

NONE ✓ VPS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 5	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials VPS	

ADDRESS

30662
 SCHACHT LAW OFFICE, INC.
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TITLE

Systems and methods for detecting symptoms of hypoglycemia

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
RECEIVED		<i>[Signature]</i> VPS 12/21/05

577		<input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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